- Preventive interventions for the general population through programmes for Blood Safety, Voluntary Counseling and Testing services, Prevention of Parent to Child Transmission Services, Information Education and Communication (IEC) and awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Build technical and managerial capacities for programme implementation through Surveillance, Training Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

HIV infection in Delhi

571. PROF. M. SANKARALINGAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that a recent survey by the Delhi Government shows that the population is at a high risk of containing HIV infection;

(b) if so, the details thereof;

(c) the number of persons affected by HIV, State-wise; and

(d) the efforts made by Government to contain HIV infection ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Yes, Sir. Delhi State AIDS Control Society, Government of Delhi has conducted a Mapping Study of high-risk population in relation to HIV/AIDS during June.November, 2002 in all the districts of Delhi. A statement showing the details of the survey is enclosed at statement-l (see below).

(c) As per the annual round of HIV sentinel surveillance conducted in the year 2002, a statement indicating state wise estimated number of

persons affected by HIV in adult population (15-49 years) is enclosed at Statement-ll (see below).

(d) In order to prevent and control the spread of HIV/AIDS in India, Govt, of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme with the following components :

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling, and behaviour change communication.
- Preventive interventions for the general population through programmes for Blood Safety, Voluntary Counseling and Testing services, Prevention of Parent to Child Transmission, Information Education and Communication (IEC) and awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Build technical and managerial capacities for programme implementation through Surveillance, Training Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

Statement-I

Survey on HIV infection in Delhi

To identify and map population groups within Delhi at those are vulnerable to the risk of HIV/AIDS & STD, a Mapping Study was conducted by DSACS during June-November 2002 in all the District of Delhi. The study covered High Risk Group like Female Sex Workers, Men Having Sex with men, Eunuchs, Injecting Drug Users & bridge group like Truckers, Migrant workers & Street Children.

The Mapping Study has shown that North is the most vulnerable & High Risk District in Delhi State. It is followed by East, North West, Central, North East, New Delhi, West, South & South west districts. A brief note on the estimation of High Risk Population, No.of Sites Identified and No. of Sites covered by TI project are as follows :

1. Estimation of high risk groups:

SI. No.	Category	Estimated Size
1.	Commercial Sex Workers	35062
2.	MSM	07532
3.	IVDUs	09605
4.	Eunuchs	07317
5.	Street Children	35450
6.	Truckers	35000 Trucks stationed/per day
7.	Migrant worker	8.88 Lacs

No. of Location

SI. No.	Category	No. & size of location in Delhi
1.	Commercial Sex Workers	276 having 20 or more
2.	MSM	117 having 20 or more
3.	IVDUs	145 having 20 or more
4.	Eunuchs	171 having 20 or more
5.	Street Children	205 having 20 or more
6.	Truckers	89 having 20 or more
7.	Migrant worker	118 having 1000 or more

Project Sites/High Risk Group Covered/TI Projects Covering Sites

SI. No.	Category	Project Sites Identified	Sites Covered by Tl Projects No.	Sites Not Covered By Tl Projects No.
1.	Commercial Sex Workers	16	2	14
2.	MSM/Eunuchs	7	2	5

Sl. No.	Category	Project Sites Identified	Sites Covered by Tl Projects No.	Sites Not Covered By Tl Projects No.
3.	IVDUs	5	1	4
4.	Street Children	14	4	10
5.	Truckers	10	3	7
6.	Migrant worker	72	17	55
	Total	124	29	95

Statement-ll

State- wise HIV Estimates-2002

SI.No.	State/UT	Estimated No. of HIV infections
1.	Andhra Pradesh	986905
2.	Karnataka	377972
3.	Maharashtra	685569
4.	Manipur	31561
5.	Nagaland	7323
6.	Tamil Nadu	503168
7.	Goa	8896
8.	Gujarat	99854
9.	Pondicherry	2020
10.	Andaman	91
11	Arunachal	1955
12.	Assam	37286
13	Bihar	74229
14	Chandigarh	1317
15	Chhattisgarh	27473
16	Dadar & Nagar Haveli	135
17	Daman & Diu	208

S.No.	State/UT	Estimated No. of HIV infections
18.	Delhi	37129
19..	Haryana	25129
20.	Himachal Pradesh	3674
21.	Jammu & Kashmir	17742
22.	Jharkhand	47316
23.	Kerala	46067
24.	Lakshadweep	181
25.	Madhya Pradesh	97288
26.	Meghalaya	1213
27.	Mizoram	2889
28.	Orissa	14934
29.	Punjab	63516
30.	Rajasthan	192451
31.	Sikkim	226
32.	Tripura	5036
33.	Uttar Pradesh	276121
34.	Uttaranchal	16189
35.	West Bengal	124593

Ban on anti-diabetic drugs

572. PROF. M. SANKARALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that after 32 years Government have banned the anti-diabetic drugs; and

(b) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The drug Phenformin was withdrawn in USA in 1977 because of occurrence of lactic acidosis